PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chief, U.S.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/646,682			ling Date 22/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
Ø	BASIC FEE	_	NUMBER FILED N/A		N/A		N/A	375		N/A	FEL (#)	
┝	(37 CFR 1.16(a), (b),	or (c))						3,3	l			
Ľ	SEARCH FEE (37 CFR 1.16(k), (i), (N/A		N/A		N/A			N/A		
П	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *		•		x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			П	x \$ =			x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3			1						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							375]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT	07/23/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Š	Total (37 CFR 1.18())	• 20	Minus	 20	= 0	П	X \$26 =	0	OR	x s =	,	
١	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	X \$110 =	0	OR	x \$ =		
Ĭ,	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus			l	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x s =		
ä	Application Size Fee (37 CFR 1.16(s))					1			l			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bestelf by the public which his lost life (and by the USFTO to monoceas) an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.14. This collection is estimated in table 22 annuates to complete, according platening, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Platents, P.O. Box 1450, Makeardria, VA 2213-1450.